

Health Department, City of Baltimore.

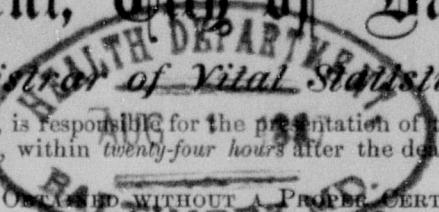
Permit No. A 1900

Office of Registrar of Vital Statistics.

Ward 110

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

August 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bro. A. Knell

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 72 Years,

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

48 years

Place of Death, { Give Street and Number. }

No 502 W. Biddle St

Cause of Death, { First (Primary),

Inflammation of the bowels

Second (Immediate),

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Dr. W. K. Knell

M. D.

Date of Burial, August 3rd

Medical Attendant.

{ Undertaker, Andrew Knell }

{ Place of Business, 807 Columbia Ave }

Address,

414 N. Carroll St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1901 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Rosener

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 809 Government Av.

Cause of Death, { First (Primary), Phtisic Pulmonalis
Second (Immediate), Phtisic Pulmonalis }

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosary Church, Claude Van Bibber, M.D.

Date of Burial, August 1 1887 for

Undertaker, Henry Roe, Jr. W. C. Van Bibber, M.D.

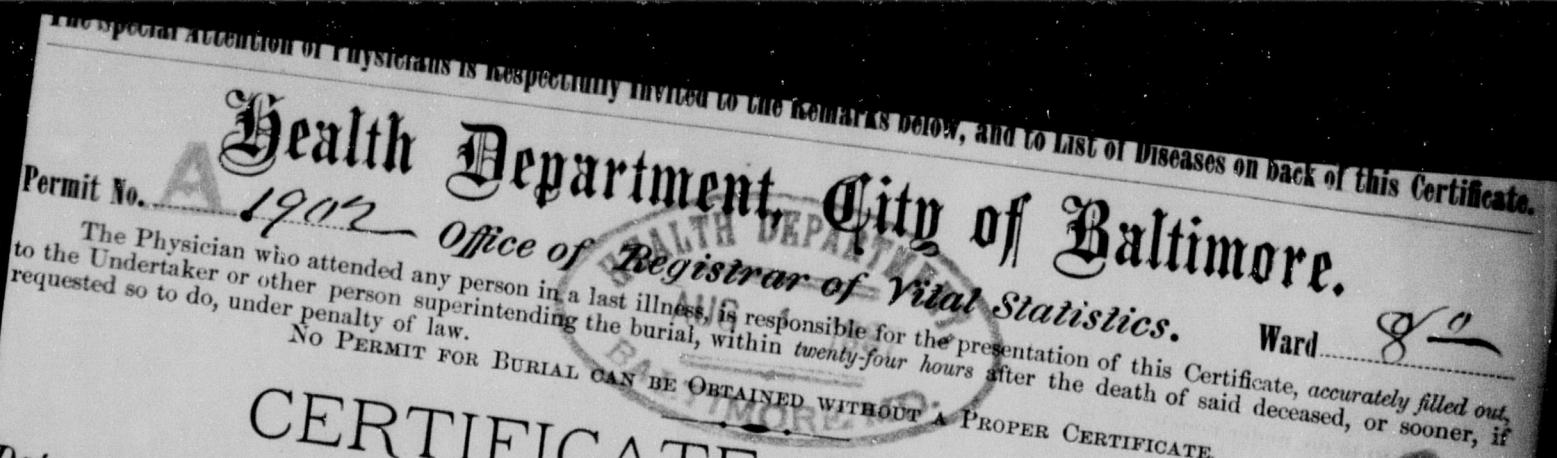
Medical Attendant.

Place of Business, 6023 Central Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

CERTIFICATE OF DEATH. *B*

Date of Death,

July 31 1887.

Full Name of Deceased, *Robert Lynch*

Years,

Months,

21

Days.

Sex, Male or Female, *Male*

White

Age,

Years,

Color,

Months,

21

Days.

Married, Single, Widow or Widower, *Married*

Occupation,

Dallo City, Lifetime

Birth Place, *Long Island, New York*

1315 Holland Ave.

Duration of Residence in the City of Baltimore,

Marasmus

Place of Death, *Give Street and Number.*

Exhaustion

2 Weeks

Cause of Death, *First (Primary),*

M. D.

Medical Attendant.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within

twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as

the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

and date of death.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within

twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as

the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

and date of death.

Health Department City of Baltimore.

Permit No.

1903

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Carey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer in Chesapeake Gas House

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } Ramsey Street # 873

Cause of Death, { First (Primary), Overcome by heat while
Second (Immediate), Engaged in work }

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 1st 1887

L. S. Sparrow.

M. D.

{ Undertaker, T. M. Cadoan }

Medical Attendant.

{ Place of Business, 327 W. Carroll Street, }

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1904 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 632 Saratoga St

Cause of Death, { First (Primary), Gastroenteritis
Second (Immediate), Peritonitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 2nd 1887

{ Undertaker, McCadigan }

{ Place of Business, 227 Mulberry St, 701 N. Carrollton Ave }

John Kef

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

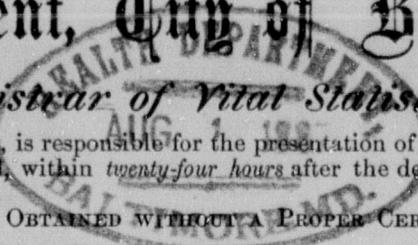
Health Department, City of Baltimore.

Permit No. A 1905 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Aug 1 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Sheeler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 Years, Months, Days

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Widowed

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, or in foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, In death

Place of Death, { Give Street and Number. } 817 Van St

Cause of Death, { First (Primary), Smallpox death } { Second (Immediate), Gangrene several fingers }

Duration of Last Sickness, Less than year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 1 1887

Undertaker, Geo B Cook

Place of Business, 1003 W Baltimore

W. Cook

M. D.

Medical Attendant

Address, 413 W Taylor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1906 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharina M. S. Vogelius

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 80 Years, 2 Months, 3 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow ✓

Occupation, ~

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany 50 years in U.S.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } German home of the aged

Cause of Death, { First (Primary), Typhosie
Second (Immediate), — }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Garserville Baltimore County (with pleasure)

Date of Burial, Aug 1st 1887

{ Undertaker, J. B. Cook }

{ Place of Business, 1003 W. Baltimore Address, 720 10th Howard St. }

A. F. Reinhard M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

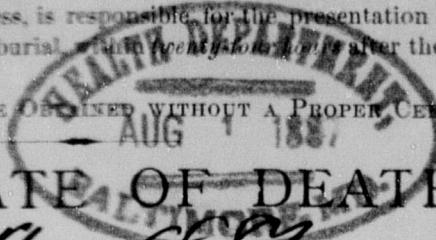
1907

Office of Registrar of Vital Statistics. Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ambrose H. D. Barker.

Sex, Male or Female, (Cross out the word not required in this line.)

Male

Age,

61 Years,

Months,

3 Days,

Color,

White

✓

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation,

Baltimore Dr

Birthplace, (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

7 years

Place of Death, (Give street and Number.)

2977 Grand Hill Ave

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Inflammation of bowels.

Chastisement.

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, August 2nd 1887

Undertaker, P. L. Seewald

Medical Attendant.

Place of Business, 119 S. Eutaw St.

Address, 1503 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1908 Office of Registrar of Vital Statistics. Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Ellen Beesley Haworth.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England - London

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give Street and Number. } 809 W. Fayette St.

Cause of Death, { First (Primary), Bright's - Contracted Kidney
Second (Immediate), Uremia - coma }

Duration of Last Sickness, about 15 months.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 1st 1887

Undertaker, D. G. & W. M. Miller

Place of Business, 550 W Fayette

B. F. Leonard

M. D.

Medical Attendant.

Address, 313 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1909 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Andrew Godfrey

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

male

Age, 35 Years,

7 Months,

28 Days.

Color, white

Married, ~~Single, Widower or Widow~~ { Cross out the words not required in this line. }

married

Occupation,

Laborer

Balto. Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

237 President st

Place of Death, { Give Street and Number. }

Pelvis abscess complicated with malignant tumor of spleen

Cause of Death, { First (Primary),

Second (Immediate),

4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 5 1887

Undertaker, Henry H. Mears

Place of Business, #4113 E. Fayette St

Address, 1727 E. Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]